

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?: No

Number of copies of CRF::

Title :: BUFFERED COMPOSITIONS FOR DIALYSIS

Attorney Docket Number:: 100070.401C1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robin  
Middle Name::  
Family Name:: Callan  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3208 106th Avenue Southeast  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98004

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Walter  
Middle Name:: A  
Family Name:: van Schalkwijk  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18305 Southeast Newport Way

City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98027

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: J  
Family Name:: Cole  
Name Suffix::  
City of Residence:: Arlington  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 19512 Jordan Road  
City of mailing address:: Arlington  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98223

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Suhail  
Middle Name::  
Family Name:: Ahmad

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 4505 Northeast 86th Street

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98115

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	09/421,622 (allowed)	10/19/99
09/421,622	An application claiming the benefit under 35 U.S.C. 119(e)	60/105,049	10/20/98